

**Managed Risk Medical Insurance Board  
April 22, 2009, Public Session**

Board Members Present: Cliff Allenby (Chairman), Areta Crowell, PhD, Sophia Chang, M.D., M.P.H., Richard Figueroa

Ex Officio Members Present: Tim LeBas, Bob Sands, Jack Campana

Staff Present: Lesley Cummings, Executive Director; Janette Lopez, Chief Deputy Director; Laura Rosenthal, Chief Counsel; Ernesto Sanchez, Deputy Director for Eligibility, Enrollment, and Marketing; Shelley Rouillard, Deputy Director for Benefits and Quality Monitoring; Ginny Puddefoot, Deputy Director of Office of Health Policy and Legislative and External Affairs; Tony Lee, Chief of Fiscal Services; Will Turner, Legislation; Anjonette Dillard, Policy Manager in the Eligibility Division; Mary Watanabe from the Benefits and Quality Monitoring Division; Seth Brunner, Legal Counsel; Brian O'Hara, Manager of the Enrollment Entities/Certified Application Assistants Unit; Larry Lucero, Manager in the Eligibility, Enrollment and Marketing Division; Loressa Hon, Manager in the Fiscal Services Unit; Muhammad Nawaz from the Benefits and Quality Monitoring Division; Sarah Swaney from the Benefits and Quality Monitoring Division; Leah Baraza from the Benefits and Quality Monitoring Division, Kathy Dobrinen, Manager in the Eligibility, Enrollment and Marketing Division; Maria Angel, Legal Secretary; Dana Durham, Assistant for Benefits and Quality Monitoring Division; and Stacey Sappington, Executive Assistant to the Board and the Executive Director.

Chairman Allenby called the meeting to order at 10:00 a.m. The Board then went into Executive Session. It reconvened for Public Session at 11:30 a.m.

**REVIEW AND APPROVAL OF APRIL 22, 2009 PUBLIC SESSION MINUTES**

The Board reviewed the minutes from the April 22, 2009 meeting. Ms. Cummings noted that staff revised the Minutes sent to the Board prior to the meeting to correct the description of the Community Provider Plans audits. The Board unanimously approved the Minutes as revised. Ms. Cummings noted that the uncorrected version is available to the public upon request.

The document is located at

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_032609/032609\\_Minutes.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_032609/032609_Minutes.pdf)

### **FEDERAL BUDGET, LEGISLATION AND EXECUTIVE BRANCH ACTIVITY**

Ms. Cummings informed the Board that she had just returned from a trip to Washington DC where she had participated in a seminar on health insurance exchanges convened by the National Health Policy Forum for congressional staff.

Ms. Cummings indicated that one of the most controversial issues in the national debate is the role of a "public insurer". A professor at UC Berkeley, Jacob Hacker, who has consulted with the Obama Administration, is one of the primary advocates for a public insurer that would be modeled on Medicare. This public insurer would be offered as one of the choices in an insurance exchange, the other offerings being private products. Len Nichols and John Bertko recently published a paper advocating for a public insurer that does not use the cost control aspect of Medicare. And others argue that there should not be a public insurer at all. The Obama Administration has called for a public insurer but is not yet clear whether it will be the Hacker approach.

Senators Kennedy and Baucus apparently have committed to a vote on a national health insurance proposal by June.

Chairman Allenby asked for any comments or questions. There were none.

Articles provided to the Board and public on national health insurance proposals can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_042209/Agenda\\_Item\\_4.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_042209/Agenda_Item_4.pdf)

### **STATE BUDGET UPDATE**

Mr. Lee reported that MRMIB staff attended a pre-hearing on the MRMIB budget in anticipation of a hearing on April 23. Budget committee staff indicated that MRMIB should be prepared to provide information on the implementation of budget reductions in the current year and on certain CHIPRA implementation issues. Staff will attend a prehearing for the Assembly budget hearing on April 24<sup>th</sup>. The hearing itself is set for May 4.

Mr. Sanchez then reported that the federal Centers for Medicare and Medicaid Services (CMS) had issued a "stop the clock" letter on the State Plan Amendment (SPA) MRMIB submitted April 1 implementing 2008 Trailer Bill program changes in HFP related to the 2008-09 budget. The Trailer Bill changes were: (1) implementation of the premium increases in categories B and C, (2) establishment of an annual dental cap of \$1,500 and (3) a modification of the vision benefits. CMS indicated that the dental cap may not be allowable after the October 1, 2009 CHIPRA dental requirements go into effect. MRMIB has 180 days to respond.

Chairman Allenby asked if there were any questions or comments. There were none.

### **STATE LEGISLATION**

Mr. Turner highlighted bills of interest to the Board from the regular and special sessions.

Chairman Allenby asked if there were any questions or comments. There were none.

These legislative summaries can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_042209/Agenda\\_Item\\_6.a\\_Regular\\_Session\\_Bills\\_of\\_Particular\\_Interest.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_042209/Agenda_Item_6.a_Regular_Session_Bills_of_Particular_Interest.pdf)

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_042209/Agenda\\_Item\\_6.b\\_Special\\_Session\\_Report.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_042209/Agenda_Item_6.b_Special_Session_Report.pdf)

### **HEALTHY FAMILIES PROGRAM**

#### **Enrollment and Single Point of Entry Report**

Mr. Sanchez reported that in March there were nearly 35,000 new enrollees. This is the second highest enrollment month in the history of the program. March is the beginning of a seasonal increase in enrollment.

Ms. Cummings asked Mr. Sanchez to discuss how enrollment numbers were affected by the premium increases implemented as of February 1<sup>st</sup>. Mr. Sanchez replied that he wouldn't expect to see any impact presently because families are not required to submit premiums with their application. Staff intends to provide the Board an analysis of enrollments and disenrollments in August, six months after implementation.

Mr. Campana asked if the increase in enrollment resulted from the struggling economy or effective outreach.

Mr. Sanchez replied that California does not have funding for outreach other than funding application assistance by enrollment entities. He thought that the increase was due to the economic downturn and noted that the Urban Institute had issued a report estimating that for every one percent increase in the unemployment rate, the uninsured rate grew equally.

Chairman Allenby asked if there were any questions or comments. There were none.

The report can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_042209/Agenda\\_Item\\_7.a\\_HFP\\_Enrollment\\_Summary.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_042209/Agenda_Item_7.a_HFP_Enrollment_Summary.pdf)

#### Administrative Vendor Performance Report

Mr. Sanchez reported that the administrative vendor continued to meet performance standards in processing applications and quality standards for screening applications, eligibility determinations, and sending records to the plans.

Chairman Allenby asked if there were any questions or comments. There were none.

The report can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_042209/Agenda\\_Item\\_7.b\\_HFP\\_Adm\\_Vendor\\_Perf\\_March\\_2009\\_Summary.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_042209/Agenda_Item_7.b_HFP_Adm_Vendor_Perf_March_2009_Summary.pdf)

#### Enrollment Entities/Certified Application Assistants (EE/CAA) Reimbursement Report

Mr. O'Hara discussed the most recent reimbursement report.

Chairman Allenby asked if there were any questions or comments. There were none.

The report can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_042209/Agenda\\_Item\\_7.c\\_EE\\_CAA\\_Quaterly\\_Payment\\_Rpt\\_04.22.09.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_042209/Agenda_Item_7.c_EE_CAA_Quaterly_Payment_Rpt_04.22.09.pdf)

#### Health-E-App Update

Mr. Lucero reported on activities related to creation of a publicly available electronic application for HFP and Medi-Cal. Since the last update in November, MRMIB staff has executed grant agreements with the California Healthcare Foundation and The Endowment and secured funding for the implementation phase. The steering committee held a kickoff meeting in March of 2009. The

Committee developed a work plan and submitted it to the foundations on April 1st. Work is on schedule and the public electronic application will be available in February 2009.

Chairman Allenby asked if there were any questions or comments. There were none.

#### Enrollment Retention Reports: 2007 and Long Term

Mr. Sanchez reviewed the highlights of the reports, noting that retention in 2007 had dipped slightly from the prior year. Retention data for the last ten years shows that 73 percent of HFP children are continuously enrolled. Twenty six percent had a break in coverage of at least a year, but a number of these would have gone to the Medi-Cal program. Thirty four percent of the children maintained enrollment continuously through their eighteenth year, a drop from 50 percent in the prior report. There has been an increase of about 3.7 percent in the number of disenrollments due to non-payment. Additionally, the number of children disenrolled because their income is too low for HFP has also increased—a likely result of the economic downturn.

Dr. Crowell asked if staff use these data when discussing HFP's budget needs. Mr. Sanchez indicated that staff do use the data.

Chairman Allenby asked if there were any questions or comments. There were none.

The reports can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_0\[LC1\]42209/Agenda\\_Item\\_7\\_e\\_HFP\\_Long\\_Term\\_Retention\\_Report.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_0[LC1]42209/Agenda_Item_7_e_HFP_Long_Term_Retention_Report.pdf)

Comment:

#### Healthy Families Program Current Year Expenditures

Ms. Hon reported that costs for the Healthy Families Program in the current year remain within levels budgeted. Staff believes that there is sufficient funding for the current year but will continue to update the Board each month on current year expenditures.

Chairman Allenby asked if there were any questions or comments. There were none.

#### Report to the First 5 Commission on Enrollment of 0-5 Year Olds

Ms. Hon reviewed a report that MRMIB submitted to the First 5 Commission on expenditures for new enrollments of children 0-5 for the period December 18, 2008, through February 28, 2009. First Five expenditures during the time the First 5 Commissions began funding new enrollments (December 18<sup>th</sup>) through

February 28 totaled \$2.2 million dollars. On April 20, 2009 the First 5 Commission provided the final deposit of \$8.75 million of the \$16.7 million of funding per the agreement. Staff anticipates that there is sufficient funding for enrollment for the remainder of the calendar year.

Dr. Crowell expressed continued gratitude to the First 5 Commissions for their support of HFP children. The Chairman added his thanks.

Chairman Allenby asked if there were any questions or comments.

The report can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_042209/Agenda\\_Item\\_7.g.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_042209/Agenda_Item_7.g.pdf)  
2007 Plan Performance Profiles

Ms. Watanabe presented highlights from the Plan Performance Profiles Report. The report's purpose is to assess plan performance and compliance with contractual requirements on quality. Staff will use the information to identify opportunities for plan improvement.

Most of the information in the report derives from information previously provided to the Board in the 2007 report on the Health Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Health Care Providers and Systems (CAHPS), including Young Adult Health Care Survey (YAHCS). Additionally the profiles include information on plan enrollment trends and medical loss ratios.

Comment:

Each plan has a profile. The summary for the plan identifies areas of achievement (scores significantly above the program average or improved performance) and areas for improvement (scores significantly below program average or scores that declined). YAHCS results are shown as areas of improvement for all but two plans given the generally low scores in that survey.

The HEDIS data includes measures that plans reported for the first time. MRMB staff suggests these be viewed with caution and expects improvement as plans become used to reporting the data.

Notable findings:

Several plans did consistently well across a lot of the measures. These plans will be recognized later in the agenda.

Families report higher satisfaction with EPO products compared to HMO products.

Staff will be bringing the Board a report that focuses on dental plan performance in a month or two, but the satisfaction data show that families are less satisfied

with dental coverage generally, and DPOs consistently received significantly higher ratings than DMOs. Of additional concern is that the data on annual dental visits shows that only 59 percent of children two or older had a dental visit in 2007.

For the next HEDIS report, staff will add a measure on lead screening. Dental plans will be providing a new set of measures that were developed by HFP's Dental Advisory Committee.

Staff will also conduct another CAHPS survey. Funding has not been available for the survey for a couple of years, but is available in the budget for next year. Further, CHIPRA requires that states conduct the CAHPS survey, so hopefully, funding will be available in future years as well.

Chairman Allenby asked if there were any questions or comments. Board members commented that the report was excellent and continues to get more sophisticated and useful over time. They thanked staff for the hard work and high quality of the report.

The report can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_042209/Agenda\\_Item\\_7.h\\_2\\_007\\_HFP\\_Plan\\_Performance\\_Profile\\_Report.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_042209/Agenda_Item_7.h_2_007_HFP_Plan_Performance_Profile_Report.pdf)

#### Presentation of Plan Performance Awards for High Achievement

Mr. Nawaz reviewed the methodology staff used in selecting the highest performing plans. The method incorporates plans' high scores on the HEDIS, CAHPS and YAHCS. In the future, staff would like to include a variable to recognize plans that have improved over time.

Mr. Nawaz then identified the plans that had the best performance. As he identified each plan, Chairman Allenby provided the plan's representative with a framed certificate of accomplishment.

For highest performance in HEDIS scores, the Board recognized the following plans:

1. Alameda Alliance for Health
2. CalOptima Kids
3. Kaiser Foundation Health Plan
4. San Francisco Health Plan

For highest performance in CAHPS measures the Board recognized:

1. Anthem Blue Cross
2. Kaiser Foundation Health Plan

### 3. Ventura County Health Care Plan

For highest performance in the YACHS measures, the Board recognized the Health Plan of San Mateo.

Ms. Rouillard congratulated the high performing plans, expressing the hope that there would be many more in the future.

Chairman Allenby asked if there were any questions or comments. There were none.

The report can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_042209/Agenda\\_Item\\_7.i\\_Presentation\\_of\\_Plan\\_Performance\\_Awards\\_for\\_High\\_Achievement.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_042209/Agenda_Item_7.i_Presentation_of_Plan_Performance_Awards_for_High_Achievement.pdf)

#### Selected Findings from the Mental Health Utilization Report for 2004-05, 2005-06 and 2007-08

Ms. Swaney reviewed charts and graphs from an upcoming report on mental health utilization by HFP children in plans and county mental health departments. Ms. Swaney described the following findings:

Very few children in HFP receive services for treatment of mental health conditions from either the county mental health departments or the HFP participating plans. Only 2 percent of non-Kaiser enrolled children received mental health services through their HFP health plans. Approximately 1 percent of HFP children were treated for serious emotional disturbance (SED) by the counties.

However, ten percent (10.3%) of children enrolled in Kaiser Foundation Health Plan receive mental health services from the plan.

Over three years, from 2004-05 to 2006-07, approximately one-quarter of one percent (0.25%) of HFP children were referred to county mental health department for treatment of a SED. Of these, between 60-70 percent are referred by HFP plans, with the remainder coming from sources such as schools, family members or the juvenile justice system. Around 9 percent of families refuse a referral to the county mental health system.

The percentage of SED referrals accepted by counties declined by 9 percent from 2004-05 to 2006-07. (63 percent in 2006-07, compared to 72 percent in 2004-05).

The average cost per case increased 33 percent (33.4%) from \$2,615 in 2000 to \$3,488 in 2007. The cost per case figure does not include expenditures for



prescription drugs as there is no mechanism by which counties obtain reimbursement for these costs..

Ms. Cummings commented that the inability to pay counties for prescription drugs has been a problem since the beginning of HFP and one that MRMIB staff continues to work on with the California Health and Human Services Agency.

At the conclusion of Ms. Swaney's remarks, Ms. Cummings told the Board that she had rushed the Benefits and Quality Monitoring Division (BQM) staff to present data from the report at the April meeting. Accordingly, the narrative of the report has yet to be written. BQM staff will complete the report following the meeting and will post it on MRMIB's website. She reminded the Board that the evaluation of plan provided substance abuse and mental health services will be presented to the Board in June 2010.

Mr. Figueroa said he was struck by the high percentage of children receiving services in Kaiser. He suggested that it is time to review how the mental health benefit is structured in HFP. He wondered if linkages just aren't occurring between plans and counties and whether children would be better served if benefit occurred internal to a plan. He asked staff to find out more about the provision of services in the Kaiser system.

Ms. Cummings noted that staff intends to develop an issue paper on the delivery of SED services for the May 2009 meeting.

Dr. Crowell commended Kaiser, indicating that the percentage of children served in its system is consistent with what would be expected.

Chairman Allenby asked if there were any questions or comments. Dr. Crowell commended staff for their work on this report.

The report can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_042209/Agenda\\_Item\\_7.j\\_Mental\\_Health\\_Utilization\\_Report.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_042209/Agenda_Item_7.j_Mental_Health_Utilization_Report.pdf)

#### California Children's Services Report (CCS) for 2006-07 and 2007-08

Ms. Rouillard indicated that the Board does not have information on services provided to children with chronic conditions in HFP because of the lack of an encounter and claims based system. However, the Board does receive information on services provided to children through the CCS system.

Ms. Baraza then presented highlights from the report.

The percentage of HFP children referred to CCS has doubled from less than one percent (0.82%) in 2002-03 to 1.6 percent of all children enrolled in HFP in 2007-

08. During that period, plans referrals increased by 24.6 percent (10,596 in 2006-07 to 14,057 in 2007-08); referrals for dental services increased by 85 percent.

Three-quarters (74%) of the referrals became active cases. Active cases constitute around 1.5 percent of HFP enrollment. The number of active CCS cases as a percentage of HFP plan enrollment ranges from less than one percent (0.2%) to nearly five percent (4.7%).

Compared to the CCS population overall, CCS/HFP children tend to be older.

Annual expenditures for CCS/HFP children doubled between 2004-05 and 2007-08, from \$72 million to \$144 million and the average cost per CCS/HFP case climbed 76 percent during that period.

The top five CCS/HFP medical conditions have remained the same for the past four years. In 2007-08, CCS began reporting Prematurity/Live Birth as a separate medical condition category (formerly it was combined with all other conditions) and this category accounted for 8 percent of CCS/HFP expenditures.

Chairman Allenby asked if there were any questions or comments. Dr. Crowell and Chairman Allenby commended staff for a job well done.

This report can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_042209/Agenda\\_Item\\_7.k\\_CCS\\_Report\\_2006-2008.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_042209/Agenda_Item_7.k_CCS_Report_2006-2008.pdf)

#### Weblink Through the Office of the Patient Advocate (OPA) Portal

Ms. Rouillard noted that MRMIB has been working with OPA to display HEDIS information on the Patient Advocate website. OPA used a consultant to structure how information is presented to the public, seeking to ensure that consumers can access data easily and understand the data provided. The OPA website is an entry point for many different health insurance quality measurement options. Staff will use information learned from the OPA process will to revise how MRMIB presents the information on its website.

Mr. Figueroa noted that OPA was having an all-day session with consumers to assess how to improve its consumer information. OPA will be releasing a number of reports on consumer-direction health information.

Chairman Allenby asked if there were any further questions or comments. There were none.

A screen of the OPA website can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_042209/Agenda\\_Item\\_7.I\\_OPA\\_Website.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_042209/Agenda_Item_7.I_OPA_Website.pdf)

#### CHIP Reauthorization Implementation

Ms. Puddefoot reported that MRMIB received a nine page letter from CMS reiterating the provisions of CHIPRA. (This is the first State Health Official (SHO) letter from CMS on CHIPRA implementation.) The letter indicates that CMS will provide guidance on policy issues in the future. The CMS letter is posted on MRMIBs website.

Ms. Cummings noted that with the appointment of the new HHS Secretary, we expect that policy and procedures will be forthcoming as well.

Ms. Puddefoot went on to say that MRMIB staff were participating in a conference call with CMS Region 9 staff on April 30, 2009 to discuss CHIPRA Implementation.

Chairman Allenby asked if there were any questions or comments. There were none.

#### **ACCESS FOR INFANTS AND MOTHERS (AIM)**

##### Enrollment Report

Ms. Dobrinen reported on AIM enrollment. In March there were 1049 new subscribers enrolled in the program. The program has 6,928 total subscribers currently enrolled.

Chairman Allenby asked if there were any questions or comments. There were none.

This report can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_042209/Agenda\\_Item\\_8.a\\_AIM\\_Enrollment\\_Summary.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_042209/Agenda_Item_8.a_AIM_Enrollment_Summary.pdf)

##### Administrative Vendor Report

Ms. Dobrinen reported that the administrative vendor continues to meet all performance and quality standards.

Chairman Allenby asked if there were any questions or comments. There were none.

This report can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_042209/Agenda\\_Item\\_8.b\\_AIM\\_Adm\\_Vendor\\_Perf\\_March\\_2009\\_Summary.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_042209/Agenda_Item_8.b_AIM_Adm_Vendor_Perf_March_2009_Summary.pdf)

#### Approval of 2009-10 Plan Contract Amendments

Chairman Allenby proceeded to the agenda item for approval of the 2009-10 AIM plan contract amendments. Chairman Allenby asked for a motion to approve the 18 resolutions included in this agenda item (8.d) for both AIM health plan service contract renewals and AIM State Supported Services contract renewals:

Anthem Blue Cross, CenCal Health, Central Coast Alliance for Health, Contra Costa Health Plan, HealthNet, Kaiser Foundation Health Plans Inc., Molina Health Care of California Inc., San Joaquin JPA, and Ventura County Health Care Plan.

After a motion and a second, the Board approved the motion unanimously.

Ms. Lopez acknowledged the hard work done by the negotiating team, Tony Lee and Loressa Hon from the Administration Division and Jamie Yang from the Benefits Division.

#### **MAJOR RISK MEDICAL INSURANCE PROGRAM (MRMIP)**

##### Enrollment Report

Ms. Dillard reported that MRMIP had an enrollment of 7,129 as of April 1. There were 292 applications received and a wait list total of 219 on that date.

Chairman Allenby asked if there were any questions or comments. There were none.

The report can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_042209/Agenda\\_Item\\_9.a\\_MRMIP\\_Enrollment\\_Summary.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_042209/Agenda_Item_9.a_MRMIP_Enrollment_Summary.pdf)

##### Update on Enrollment Cap and Waiting List

Ms. Dillard reported that there were 316 people on the wait list as of this time.

Chairman Allenby asked if there were any questions or comments. There were none.

This report can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_042209/Agenda\\_Item\\_9.b\\_MRMIP\\_Enrollment\\_Cap\\_Waiting\\_List.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_042209/Agenda_Item_9.b_MRMIP_Enrollment_Cap_Waiting_List.pdf)

### Administrative Vendor Report

Ms. Dillard reported that there were 5849 calls received and processed through the administrative vendor and that performance standards continued to be met.

Chairman Allenby asked if there were any questions or comments. There were none.

This report can be found at:

[http://www.mrmib.ca.gov/MRMIB/Agenda\\_Minutes\\_042209/Agenda\\_Item\\_9.c\\_MRMIP\\_Adm\\_Vendor\\_Perf\\_for\\_March\\_2009.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_042209/Agenda_Item_9.c_MRMIP_Adm_Vendor_Perf_for_March_2009.pdf)

There being no further business to come before the Board, Chairman Allenby duly adjourned the meeting at 12:37 p.m.